

TENNESSEE STATE DEPARTMENT OF EDUCATION
SCHOOL BUS ACCIDENT REPORT
Identifying Data

Revised 10/99

ED-2179

County: _____

Date of Accident: _____

I. Identifying Data
Drivers Involved

Bus Driver Name _____ Age _____ Sex _____ Yrs. of Experience 5 yrs. or less
 6-10 yrs.
 11 or more

Special Chauffeur's License No. _____ Number of Accidents this year One
 Two
 Three

Other Driver Name _____ Age _____ Sex _____ License No. _____

II. Vehicles Involved

School Bus Model _____ Chassis _____ Body _____ Capacity _____ Pupil Load _____

Other Vehicle _____ Year/Model _____ Make (Buick, Ford, etc.) _____ Type (2-door, 4-door, etc.) _____

Characteristics

Accident happened on: Primary Road
 Secondary Road
 City Street
 School Grounds

The Bus was: Picking up pupils
 Discharging pupils
 Backing up
 Turning

Road was: Straight
 Curve
 Upgrade
 Downgrade

The Speed was: 0-10 MPH
 11-20 MPH
 21-35 MPH
 36-55 MPH
 Over 55 MPH

Weather Condition was: Clear
 Cloudy
 Rain
 Snow
 Ice

Road Surface was: Asphalt
 Concrete
 Gravel
 Dirt

Impact Occurred on the: Right Side
 Left Side
 Rear
 Front

Accident Occurred on: Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

Accident Resulted from: Human error
 Mechanical Failure

III. Type of Accident (Check only one type and complete)

A. COLLISIONS

Bus Collided with:

- Another Vehicle
- Train
- Bicycle
- Fixed Object

Number Injured:

- Pupils _____
- Bus Driver
- Other Driver
- Adult Passengers _____

Number Pupils:

- Treated and Released _____
- Confined Overnight _____

Number Persons Injured Fatally:

- Pupils _____
- Drivers _____
- Others _____

B. NON-COLLISIONS

Bus

- Overturned
- Left Roadway
- Other _____

Number Injured:

- Pupils _____
- Bus Driver
- Others _____

Number Pupils:

- Treated and Released _____
- Confined Overnight _____

Number Persons Fatally Injured:

- Pupils _____
- Bus Driver
- Others _____

C. ON BOARD ACCIDENTS

The Bus:

- Stopped Abruptly
- Swerved Suddenly
- Started
- Erratically

Number of Pupils:

- Treated and Released _____
- Confined Overnight _____
- Fatally injured _____

D. PEDESTRIAN

Pupil was struck on:

- School Grounds
- Roadway
- Driveway
- Other _____

IV. WITNESSES (if any)

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

V. Briefly Describe the Accident:

VI. Certification:

I hereby certify to the accuracy of all facts included in this report.

Bus Driver's Signature

